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Attorney Docket No. S-9-2

MAR 07 2005

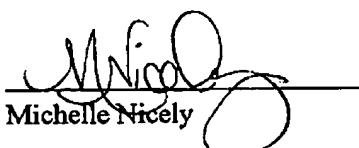
Application No.: 09/679,394

CERTIFICATION OF FACSIMILE TRANSMISSION

In connection with U.S. Patent Application of JEAN WOLOSZKO et al. Application No. 09/679,394 filed October 3, 2000, I hereby certify that the following AMENDMENT UNDER CFR §1.116, Transmittal Form, Fee Transmittal, and Petition for Extension of Time (2 months) are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 15

Dated:

March 7, 2005
Michelle Nicely

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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

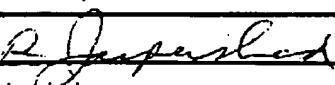
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission:

Application Number	09/679,394
Filing Date	October 3, 2000
First Named Inventor	Jean Woloszko et al.
Art Unit	3739
Examiner Name	Lee Cohen
Attorney Docket Number	S-9-2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

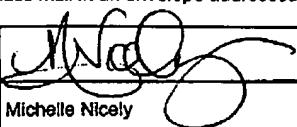
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ArthroCare Corporation		
Signature			
Printed name	Raj Jaipeshad		
Date	March 7, 2005	Reg. No.	44,168

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature



Typed or printed name

Michelle Nicely

Date March 7, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete If Known	
Application Number	09/679,394
Filing Date	October 3, 2000
First Named Inventor	Jean Woloszko et al.
Examiner Name	Lee Cohen
Art Unit	3739
Attorney Docket No.	S-9-2

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0359 Deposit Account Name: ArthroCare Corporation				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
7 - 3 or HP =	x	= 200
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

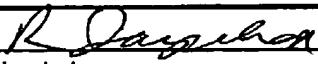
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 44,168	Telephone (408) 736-0224
Name (Print/Type)	Raj Jaipershad		Date March 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Mar 07 05 10:32a

Arthrocare CENTRAL FAX CENTER

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P. 4

MAR 07 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. S-9-2
In re Application of: Jean Woloszko et al.		
Application Number: 09/679,394		Filed: October 3, 2000
For: APPARATUS FOR TREATMENT OF SPINAL DISORDERS		
Group Art Unit: 3739		Examiner: L. Cohen

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 450 _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0359</u> .	

I am the applicant/inventor

assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

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March 07/05
Date

R. Jaiperashad
Raj Jaiperashad
Reg. No. 44,168

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of ___ forms are submitted.